

Your information (required)

i **With direct deposit**, the paying organization deposits your funds directly into your account. Please complete the form below and return it along with a void cheque, if requested.

Paying organization information

(To be completed by paying organization)

Name: _____

Address: _____

City: _____ Province: _____ Country: _____ Postal code: _____

Phone No.: _____ Email address: _____

Your information

Name _____

Address _____

City	Province	Postal code
Phone No.	Email address	Social insurance number (SIN), if applicable

Reference No., if applicable (such as employee or file No.) _____

For employees wishing to receive their pay by direct deposit.

I hereby authorize the above-mentioned paying organization to make deposits into the account identified below and to share the information in this form as required to complete these deposits.

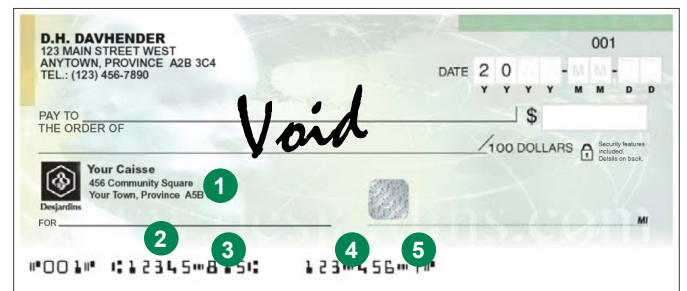
X _____ Date (YYYY-MM-DD) _____
Your signature

Your bank account information

Financial institution name (caisse or bank branch) _____

Address	City	Province	Postal code
Institution No.	Transit or branch No.	Folio or account No.	Check digit (if applicable)

- 1** Name and address of financial institution
- 2** Identification No. (caisse or branch transit No.)
- 3** Institution No.
- 4** Folio or account No. (including zeros)
- 5** Check digit



! **Important:** If you change accounts or financial institutions, please notify the paying organization.